

Malta's progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS:

Prevention is the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS. This is especially so in Malta where, at present the number of cases of HIV/AIDS is still small and therefore prevention measures are more relevant to try to prevent the spread and the occurrence of an outbreak. Over the last couple of years, the number of notifications of new HIV cases in 2008 was 36 cases with 8 of these being AIDS cases. In 2009, there were 20 new cases of HIV reported and 2 of these were AIDS cases. The population of Malta is just over 400,000.

At the end of 2009 it is estimated that there are around 150 persons of all ages were living with diagnosed HIV in Malta. All these cases fall in the 15-59 age range.

All these diagnosed individuals were seen for care during 2009. The number of HIV cases is increasing slowly over the years. This increase reflects both the rise in the number of HIV diagnoses and the decrease in HIV-related deaths since the introduction of antiretroviral therapies.

Over the past years there has been a decrease in the number of cases of Men who have sex with men (MSM) and a steady increase in the number of new HIV infections acquired through heterosexual contact.

Transmission amongst IDUs remains very low. There is a programme whereby IDUs can obtain new syringes from all the Health Centres in Malta.

An HIV test is being offered to all new attendees at the GU clinic and also all pregnant women are being offered an HIV test as a routine part of antenatal care.

Malta has been collaborating with the EuroHIV surveillance network, (now the STIHIV Network at ECDC) for a number of years and passes on information about HIV and AIDS cases. This information is given about each case notified every year and includes sex, year of birth, mode of transmission, year of HIV and AIDS diagnoses, year of death and stage of disease.

The following initiatives have been taken on the primary, secondary and tertiary prevention levels to tackle HIV/AIDS as recommended by the Declaration of Commitment.

Primary Prevention:

The thrust of our HIV prevention is focused on the ABCD message. (Abstinence, Be faithful, use Condoms correctly and consistently, Do not use drugs and Do testing). The Health Promotion Directorate conducts several initiatives in schools to raise awareness on prevention throughout the scholastic year. Training of teachers in Personal and Social Development at both initial teacher training and in-service training courses are also performed. Teachers are provided with

resources and advice for referrals. Research in sex education and sexual health and behaviour among young people to identify needs is being encouraged. Furthermore, sex education and awareness has been incorporated in the National Minimum Curriculum and schools are legally bound to offer this subject. Education on HIV/AIDS is covered in these lessons

On the other hand, the general public is being targeted through the local broadcasting media including television and radios (discussion programmes) and the published media (magazines, newspapers). The local youth centres are utilized for seminars and discussions. Some initiatives have also been conducted on the university campus. A number of encounters have taken place in different work settings initiatives after the Directorate was invited by the employer or the employees. Sexual health is also promoted during Health and Safety week. Furthermore, university students are encouraged to conduct AIDS awareness campaigns based on peer education principles.

Professionals have also been targeted. Training of nurses, midwives and other health professionals on HIV/AIDS prevention, care and education is being performed at registration and post-registration levels. Training of teachers and psychologists on HIV/AIDS is carried out at their initial training level and in in-service training courses.

Secondary Prevention :

Pre and post test counseling, testing and contact tracing is offered at several locations which include the Genito-Urinary clinic, the Health Promotion Unit, the primary health care clinics, the Detoxification Unit, Sedqa – Drug Rehabilitation Programmes, Caritas, the correctional facilities and at the Infectious Disease Prevention & Control Unit. The needle exchange programme is conducted at all primary health centres and it is open to all intra-venous drug users in the community.

Tertiary Prevention:

Diagnosed cases are treated and followed up at the specialist in-patient infectious diseases unit and at the genitor-urinary out-patient clinic. Treatment (HAART – Highly Active Anti-Retro Viral Treatment) is available to all, free of charge, and with regular follow up.

Malta is faced with new challenges related to increased irregular immigration of African nationals on the Maltese coasts. Discussions are currently in progress to explore potential solutions to contain infections that they may import with them. On arrival all immigrants are examined by port health doctors and testing is performed if clinically indicated and prior to admission to hospital if this is

needed. Testing is also performed when clinically indicated in the detention and open centres.

Finally, a Sexual Health Policy has been drafted following consultations, but still needs to be endorsed, while, the surveillance system has been improved with amendments to Public Health Legislation (making HIV notifiable since January 2004) and with the introduction of passive notifications from physicians and medical diagnostic laboratories.

Core Indicators :

Percentage of donated blood units screened for HIV in a quality assured manner – 100%

Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy – 100%

Percentage of HIV positive women who receive antiretroviral medicines to reduce the risk of mother to child transmission – 100% unless they present in labour.

Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV – 100%

Percentage of schools that provided life skills based HIV education within the last academic year – Life skills and PSD is covered in all secondary schools and this should cover HIV education.

Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy – in 2007 there were 60 patients who had been on treatment for at least 12 months; and in 2009 there were 76 patients who had been on treatment for at least 12 months.

Percentage of infants born to HIV infected mothers who are infected – 100% - all infants born to HIV positive pregnant women are followed up.

2008: 10 babies born to 8 HIV+ve mums (two sets of twins): NONE infected

2009: 7 babies born to 7 HIV +ve mums: 5 not infected,

2 are still being tested:

1) awaiting the result of the HIV RNA PCR which was done at 3 months of age (1st was negative)

2) the other's mum is infected with HIV-2 and the lab could not amplify the RNA from either mum/baby: so have to wait till the HIV-2 antibodies disappear from the baby in order to definitely say that she is not infected (at 18 months of age).

